

Glasgow City
**Youth Health
Service**



Annual Report 2024-25

Contents

| | |
|---|----|
| 1.0 Foreword..... | 3 |
| 2.0 YHS Values and Mission Statement | 6 |
| 3.0 The YHS Model..... | 7 |
| 4.0 Referrals | 8 |
| 5.0 Service Delivery | 9 |
| 5.1 Appointments and Total Engaged Young People | 9 |
| 5.2 Presenting Issues..... | 12 |
| 5.3 Multiple Risk Programme | 15 |
| 6.0 Wraparound Support..... | 19 |
| 7.0 Service User Profile | 20 |
| 7.1 Age | 20 |
| 7.2 Gender Identity | 21 |
| 7.3 Scottish Index of Multiple Deprivation (SIMD) Status | 22 |
| 7.4 Ethnicity | 23 |
| 7.5 Young Carers..... | 25 |
| 7.6 Geographical Data | 26 |
| 8.0 Communications | 30 |
| 8.1 Social Media Communication Channels | 30 |
| 8.2 Key Performance Indicators (KPIs) | 30 |
| 8.3 Communications – Various | 32 |
| 9.0 A Young Person’s Journey..... | 34 |
| 9.1 Feedback | 35 |
| 10.0 Employability..... | 36 |
| 10.1 Youth Employability Support | 36 |
| 10.2 Youth Volunteering in the YHS..... | 37 |
| 10.3 Modern Apprentice (MA) – YHS Business Support Assistant | 38 |
| 11.0 Developments 2024-25..... | 39 |
| 11.1 Mental Health & Wellbeing Support (Tier 1/2) | 39 |
| 11.2 Test of Change – Partnership Working..... | 40 |
| 11.3 LGBT Charter (Gold) Accreditation..... | 40 |
| 11.4 YHS Review..... | 40 |
| 11.5 Care Inspectorate Joint Inspection of Services for children and young people at risk of harm in Glasgow..... | 41 |
| 12.0 Reflections | 41 |
| 12.1 Workforce and Delivery model challenges..... | 41 |
| 12.2 Service User profile | 42 |
| 12.3 LGBT Charter 3 year cycle..... | 42 |
| 12.4 iMatter – Staff Experience report..... | 42 |
| 13.0 Ambitions for 2025-26 | 43 |
| 13.1 Enhance Standard Mental Health Provision at Targeted Areas | 43 |
| 13.2 Multiple Risk – New Contract | 43 |
| 13.3 New Communications Strategy 2025-27 | 43 |
| 13.4 “Missingness” – Review of Missed/Did Not Attend appointments | 43 |
| 13.5 EQIA Refresh..... | 43 |

1.0 Foreword

In 2024-25, the Youth Health Service (YHS) continued to deliver a holistic service for young people 12-19 years of age in nine venues across the city. Confidential appointments are offered in the evenings providing support for both clinical issues (Mental Health, Sexual Health, Drugs & Alcohol) and non-clinical issues (Housing, Employability). The service is co-delivered by NHS Staff and commissioned partners Lifelink (Counselling) and Includem (Multiple Risk).

Referral demand has remained high, although at a reduced rate from last year: total referrals 1454 (2023-24: 1758)¹. The average rate was 363 referrals per quarter, and quarterly values fluctuated within a range from 312 in Q2 (i.e. July-Sept) to 438 in Q4 (Jan-Mar).

The reduction in referral rate contrasts with service delivery, which has been challenging - with an increased number of attendees - in comparison to last year. Total young people “engaging” - attending at least one appointment in the service - was 1339 (2023-24: 1182). A total of 5147 attended YHS appointments (2023-24: 5105).

The main presenting issues continue to be mental health and wellbeing, in particular, anxiety, low mood, low self-esteem, family circumstance, anger, sleep patterns and self-harm. The aetiology of wellbeing issues is often complex and not immediately visible at referral or presentation. This places additional demand on the wraparound support from our nursing team, which is directly linked to the complexities of the referrals received. As detailed in last year’s report, we continue to utilise a Nurse duty system, to manage referrals efficiently and an “on call” process supporting staff and venues during evening delivery.

The complexity of presentation impacts on the no. of appointments young people may need, e.g. up to 8 sessions, if distressed. Data for this year indicates one third of young people who attended 1-to-1 counselling required 5 or more sessions (4 appointments confers a therapeutic intervention).

The YHS employs a tiered model for mental health and wellbeing, this approach is proving effective. It comprises Listening Ear, Single Session and 1:1 Counselling, and ensures young people have access to the right support at the right time. The mean average CORE score improvement (a measure by which client and clinician track therapeutic progress) was 5.5, conferring therapeutic benefit. Online wellbeing modules, including video content, have been developed on: Mindset, Self-Esteem, Confidence and Anger, to complement this model. The above early intervention approaches aspire to mitigate escalation and potentially reduce occurrence in later life.

¹ YHS Annual Reports are accessible online at NHS Stor: <https://www.stor.scot.nhs.uk/handle/11289/580412>

The Multiple Risk (MR) programme is now in its fourth year of delivery and continues to offer bespoke 1:1 sessions over 12 weeks, to address patterns of individual risk, and demand has remained high - with 138 new referrals and 63 individuals completing the programme. To ameliorate waiting lists, and in response to additional funding, a further 2 MR workers were deployed, targeting specific venues. The current MR contract is due to complete in June 2025 and the tender process was underway by end of year, 2024-25.

Since starting in post in August, the Youth Employability Coach has received 48 referrals, with 26 young people actively engaged. This service component is designed to address barriers to access training or employment, offering a more positive future trajectory. In partnership with the King's Trust, the YHS recruited and trained 14 volunteers who began their roles in venues in February, offering a welcome and signposting to attendees, helping the volunteers to achieve a Saltire Award. The YHS Modern Apprentice successfully completed their two-year post, achieving an SVQ (level 3) in Business Administration, and has transitioned to a YHS Business Support post.

Our communications and digital strategy to engage young people and their families on key themes continued this year, targeting Instagram and Facebook. We posted over 100 items during the year on relevant topics (mental health, employability, online safety, education and more). The annual service questionnaire included positive feedback from parents and young people, one highlight being 78% of respondents rated the service either 4 or 5 out of 5.

A short video was produced introducing the service to young people, complementing refreshed marketing materials. A report was submitted to the IJB Public Engagement Committee in November 2024 on the overall engagement approach of the service. (Further details: Section 8).

Following a two-year period gathering relevant evidence, we were awarded LGBT Charter accreditation at Gold Level, by LGBT Youth Scotland, in April 2024.

A recent development working alongside the service is the establishment of the Glasgow City HSCP Family Wellbeing Hub at Maryhill Health and Care Centre to offer young people & parents support simultaneously. This is a weekly drop-in peer support group for parents and carers, facilitated by Health Improvement. Parents and carers are also offered support by Clinical staff in the form of a chat after their young person's appointment, leaflets or signposting to websites and other resources. Likewise, family counselling sessions are being trialled; to complement the tiered model, these will be available in venues across Glasgow.

Other partnership working, this year, involved an extended Test of Change between the YHS and CAMHS - please see Section 12 "Developments", and the YHS clinical staff provided training to ST3 GPs this year. A shadowing opportunity at YHS venues, was again provided to a cohort of Year 2 Medical Students from the University of Glasgow.

There are ambitions to conduct a review of the Youth Health Service, with the principal aim being to provide a more sustainable service delivery model with mainstream funding to ensure consistency and stability for young service users and for staff. We hope this will be complete in

early 2026. As part of the review process, a refresh of the Equality Impact Assessment (EQIA) is anticipated and will form part of the new Communications Strategy for 2025-27.

As part of our commitment towards regulatory compliance and oversight, the YHS will be among various services and organisations participating in a formal inspection this year, conducted by the Care Inspectorate - “A Joint Inspection of Services for Children and Young People at Risk of Harm in Glasgow”.

It’s worth noting, finally, that the YHS has operational responsibility for the Weigh To Go which is a weight management programme for 12-18 year olds and is delivered “Board-wide” in 19 NHSGGC venues. Delivery within Glasgow City is via the YHS, with one additional venue in Castlemilk. For the purposes of this report, performance data is limited to Glasgow City only.



Julie Gordon

Service Manager, Glasgow City Youth Health Service

2.0 YHS Values and Mission Statement

The service adheres to a set of values and our mission statement. These are reiterated below, and are at the heart of all we do:

We will work in such a way that builds and maintains trust with young people

We will treat everyone fairly and with respect

We will listen without judgement

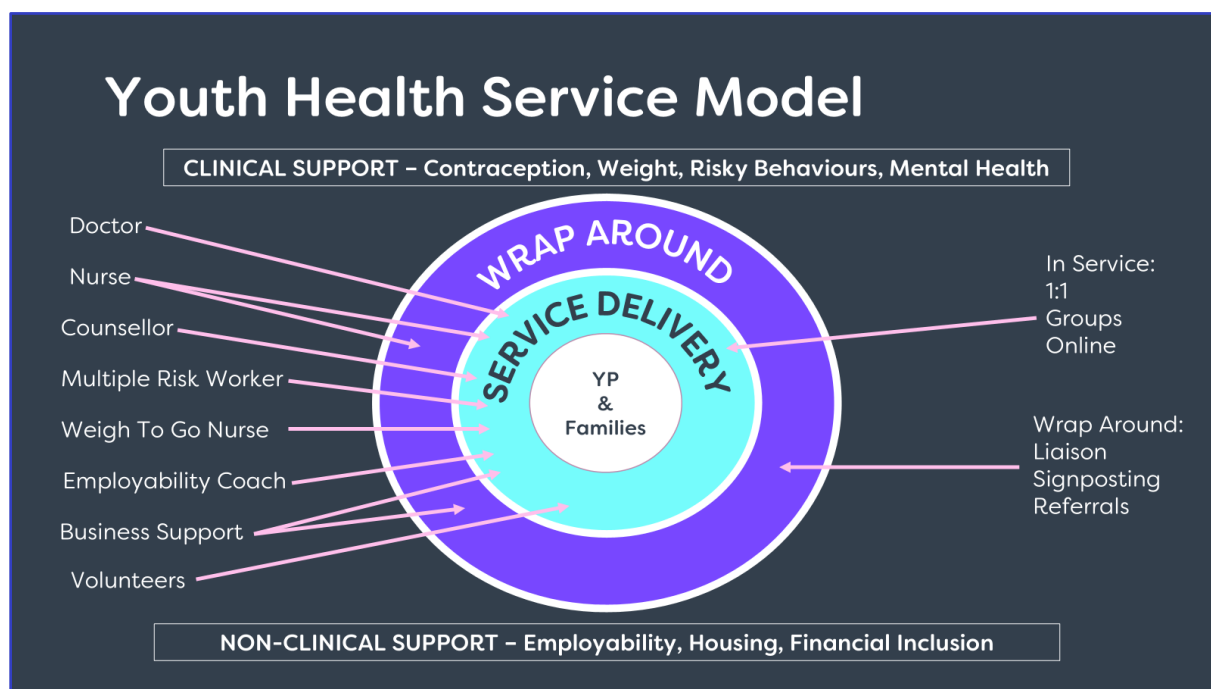
Our mission statement articulates our purpose, our long-term goals, and the way we will work to achieve these:

"To improve the health and wellbeing of young people in Glasgow City, with a focus on early intervention and prevention. To work with young people, their families and partner agencies to provide flexible, holistic support using a youth friendly model, and to help young people achieve their potential."

3.0 The YHS Model

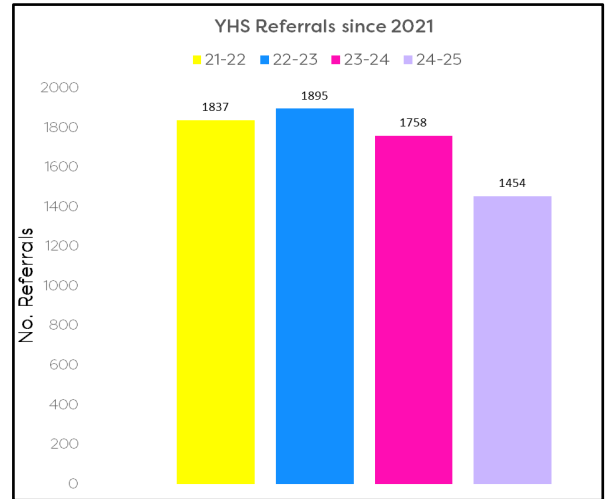
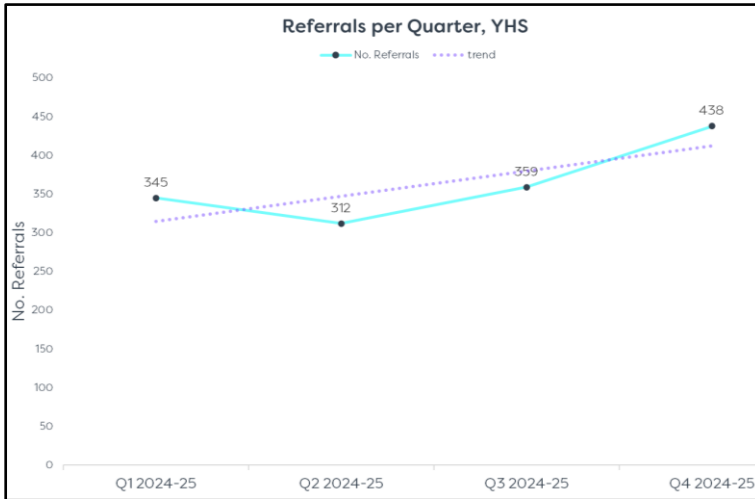
The Youth Health Service is a holistic early intervention and prevention service for young people aged 12-19 years (extending up to 26 years for care experienced/vulnerable young people). The service is open to all young people with a particular focus on those in greatest need. It offers both clinical and social support. Young people have access to one-to-one appointments provided by a multi-disciplinary team (MDT) of statutory and commissioned partners.

Support is available from YHS GPs and Nurses, Counsellors, Multiple Risk and Youth Workers and our Employability Coach. This is complemented by wraparound support outwith service delivery which is provided by the nursing team (see Section 6). This involves liaising with other organisations / services (e.g. schools, social work), including onward referral where appropriate (e.g. Child and Adolescent Mental Health (CAMHS), financial inclusion, housing). This is an integral part of the service and forms a substantial component of the work required to deliver positive outcomes for young people.



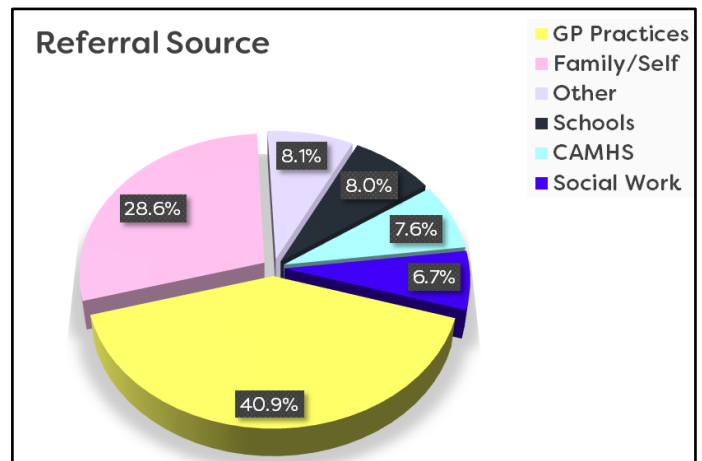
An integral part of the wraparound support is the engagement with parents and/or carers, on the basis that this is a key element of the care package built around the young person. Consequently, nursing staff may facilitate support for parents who are struggling or liaise with other organisations to alleviate pressures on the family caused by wider non-clinical issues.

4.0 Referrals



There were 1454 referrals to the service in 2024-25 (see above), a decrease of 17% in comparison with last year's total of 1758. There was a relatively steady trend across quarters, with Q4 (Jan-Mar 2025) receiving the most, 438 referrals.

Most referrals continued to be from our colleagues in General Practice, comprising 41% (last year: 36%). The proportion from self-referral (either young person or their family) also increased, to 29%, while the other main categories reduced slightly from last year: CAMHS, Social Work (Children & Families) and Schools/Education. The "Other" miscellaneous sources remained in line with last year at 8%. Among these referrers were Hospitals (especially A&E departments), Health Practitioners, Quarriers, Police and the Community Mental Health Team.



Different service components have differing concentrations of referral sources e.g. Multiple Risk referrals from Social Work (more numerous than for other components). In Q4, CAMHS informed us of a change in their processes to recommend self-referral to YHS, in circumstances where mild to moderate counselling is most suitable for the young person. We will monitor this in the new financial year of 2025-26 and any observed impact.

The most frequent presenting issues were anxiety, low mood and emotional dysregulation (such as anger, stress, or behavioural issues, for example). There has also been an increase in neurodiversity at presentation. Although most presentations do typically cite mental health as the principal presenting issue, the cause of distress is often more complex, such as prior trauma, bullying, living/welfare/financial issues or grief/bereavement and is more clearly identified in subsequent consultations - once a relationship has been forged with the young person. See Section 5.2, below, for more detail.

5.0 Service Delivery

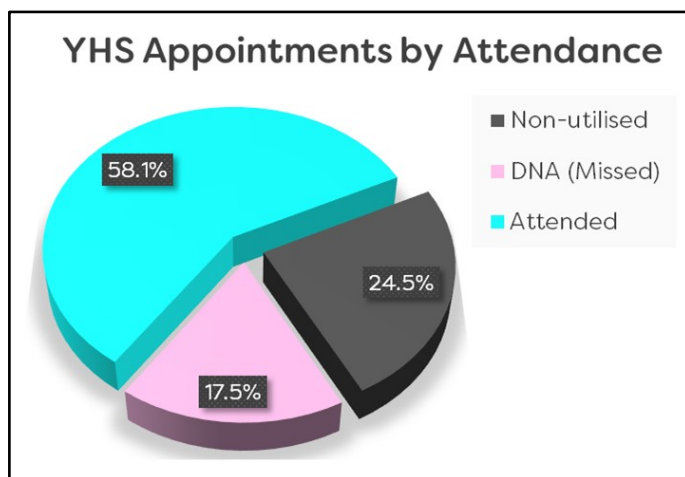
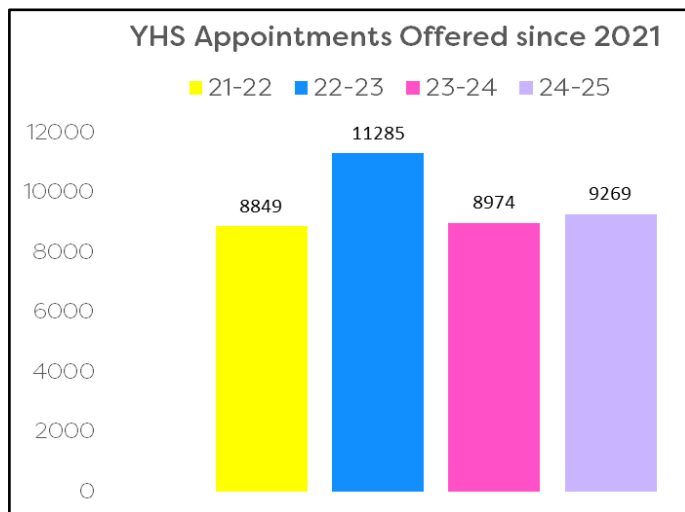
5.1 Appointments and Total Engaged Young People

This year 9269 appointments were offered across 2024-25, 3.3% more than in 2023-24. The variance each year is affected by available budget and staff. In Q4, extra investment to address waiting lists provided an additional evening of delivery in YHS Maryhill, which included Counselling, Multiple Risk and Clinical appointments.

This year, 5147 appointments were attended. There were 1550 recorded as “Did not attend” (DNA) or Missed. There were also 2169 “non-utilised” appointments – this status applies to those which are either unallocated, affected by patient cancellation, staff leave or when other cover is not available.

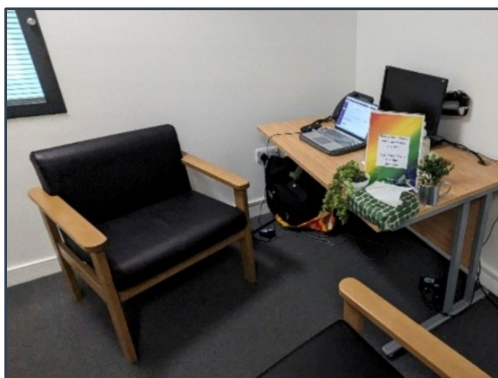
The proportion of attended appointments, 58%, was comparable to last year (57%), whereas that of DNA/missed appointments decreased slightly to 17% from last year (19%). “Non-utilised” appointments were unchanged, at 24%, which comprises a significant number of appointments cancelled at very short notice, i.e.

by less than 4 hours prior; these appointments are difficult to reallocate. Our change to the current clinical record system (EMIS Web), last year, limits our ability to report in further detail on non-utilised appointments.



5.1.1 Total Engaged Young People

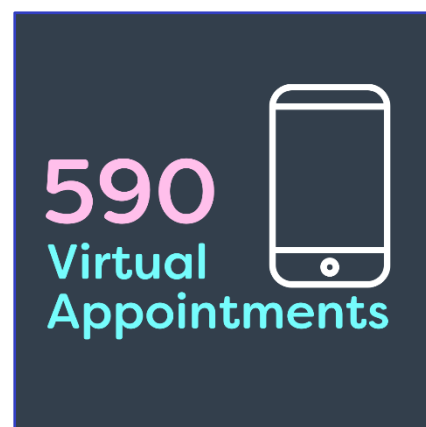
In terms of individual young people “engaging” - i.e. who attended the service this year – this increased to 1339 compared with 1182 in 2023-24. The number of “new” young people, attending their first appointment, totalled 877, i.e. 66% of all who engaged. This is broadly in line with recent years – and is generally around 70%.



5.1.2 Appointments in detail

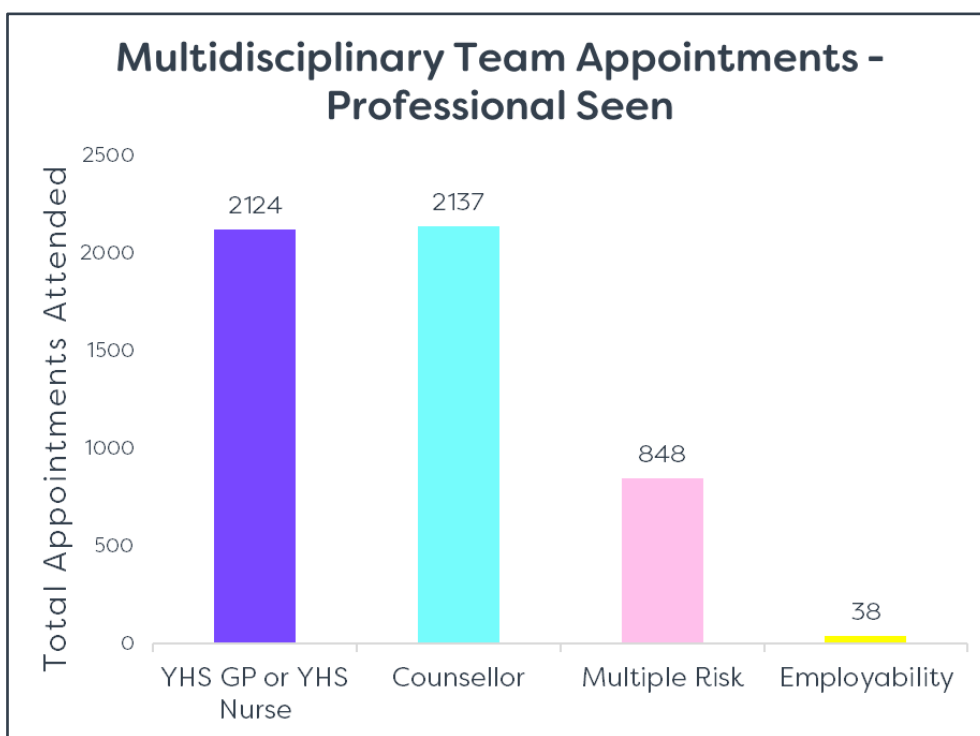
The total appointments attended of 5147 this year, as mentioned above, was in line with last year’s total (5105). It is important to note that any given year’s total of available appointments can fluctuate, if for example, extra investment became available and led to additional evenings and/or staff.

As occurred last year, there were also many more face-to-face appointments attended than there were “virtual” (i.e. telephone/video), although the proportion increased this year to 13% compared to last year (6%). Of “virtual” appointments, overwhelmingly, young people chose a phone call rather than video call. This increase is due, in part, to the embedding of Single Session appointments as part of the tiered approach. These are not routinely face-to-face appointments (although some do take place in-person). Listening Ear and Single Session Appointments are delivered virtually by commissioned partner Lifelink to allow young people from across Glasgow to access this clinical intervention.



In summary, while some young people may benefit from telephone or video consultations due to their individual circumstances, the data suggests young people continue to opt for face-to-face consultations.

The year's total consultations (i.e. any attended appointment), by "Professional seen", are shown in the chart, below. It is important to note that the team composition in an evening venue can often vary, the standard personnel for a venue is: 1 YHS GP and 1 YHS Nurse and then from 1 to 3 Counsellors, 1 to 2 Multiple Risk Workers, and the Employability Coach appoints only on an ad hoc basis with a young person.

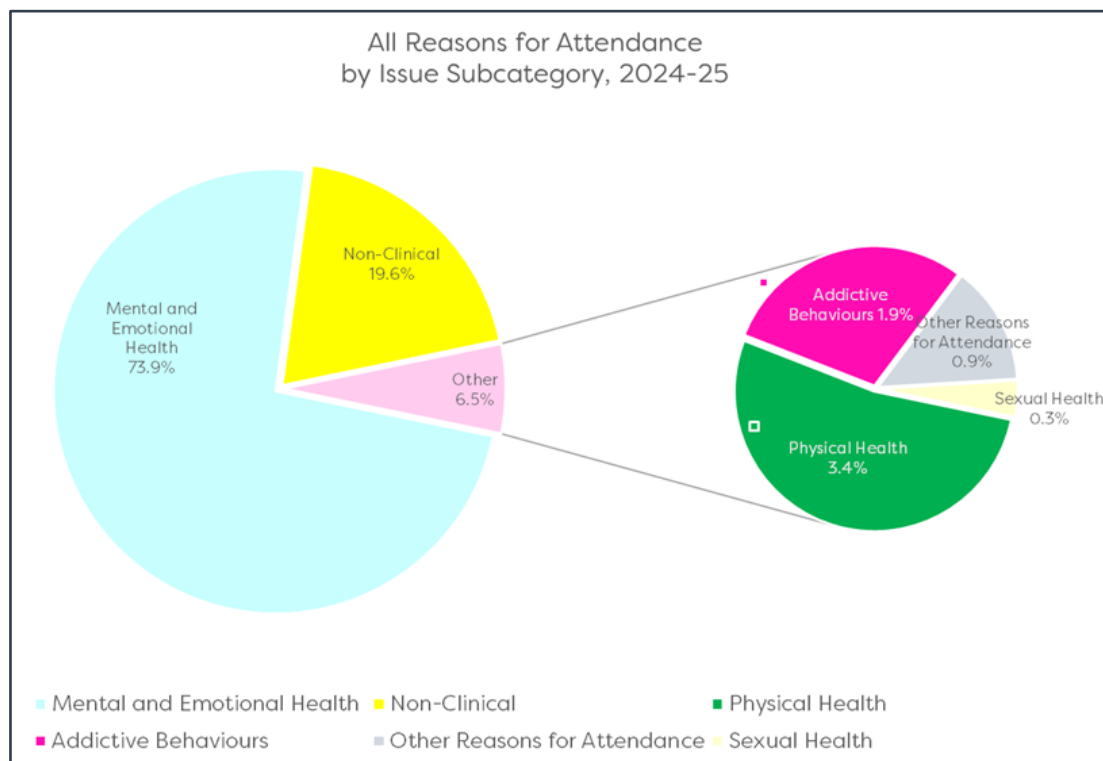


The tiered model of Mental Health consists of: Listening Ear appointment (20 mins), and where appropriate, progressing to a Single Session (40 mins) of counselling, and if clinically indicated, 4 to 8 sessions (40 mins each) of 1:1 therapeutic counselling. Service data indicates approximately three quarters of young people presenting for mental health support have a therapeutic intervention (4 to 8 sessions), because of the tiered model. In the above chart, "Counsellor" refers to attended appointments in 1:1 therapeutic counselling. Listening Ear and Single Session appointments are managed by commissioned partner Lifelink, data in table, below:

| Appointment Type | Total | Appts. Attended |
|------------------|--------------------------|-----------------|
| Listening Ear | Calls Attempted: 1435 | 349 |
| Single Session | Appointments Booked: 247 | 174 |

5.2 Presenting Issues

5.2.1 Presenting Issues data



Presenting issue(s) for a young person, as indicated during clinical appointments, are recorded by the professional session-holder (e.g. Counsellor, MR worker or GP and so on). One or more issues may be cited per consultation. These “reasons for attendance” are grouped according to their appropriate subcategory and this year’s data aggregated (above chart). The chart excerpts the “Other” reasons category, for clarity.

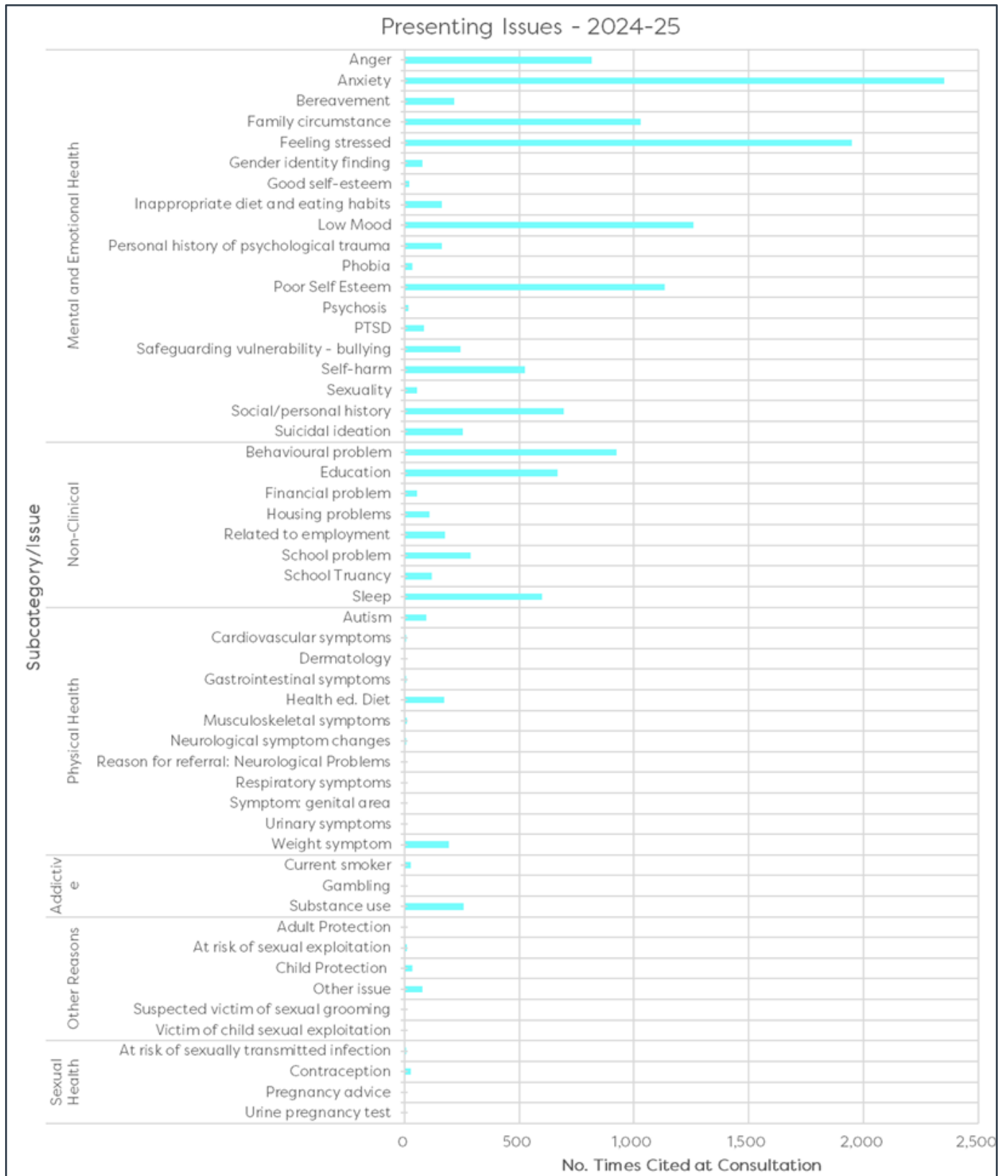
A more detailed view of all issues is shown in the bar chart, below, in which the subcategory and its constituent issues are listed, with the total number of times cited for each.

The most frequent issues in the Mental and Emotional Health category, continue to be Anxiety and “Feeling stressed” by a large margin, then followed by Low Mood, Poor Self-Esteem, Family Circumstance and Anger. There was also data citing social/personal history, PTSD, trauma or bereavement.

Non-Clinical issues such as Behavioural Problem, Sleep and Education (also School problem) were also frequently indicated. In the category Physical Health, issues of Diet and Weight symptoms are mostly connected to consultations for the Weigh To Go Nurse, which were hosted at a Glasgow City venue.

The service supports a number of neurodiverse young people, diagnosed and undiagnosed. At presentation, this could look like, for example: anxiety, stress, low mood and isolation. Emotional dysregulation may occur when routines or patterns change, for example. Autism, also called

autism spectrum disorder (ASD), refers to a wide range of differences that include social communication challenges, sensory processing differences, and repetitive behaviours.



5.2.2 Mental Health Focus – 1:1 therapeutic counselling

In 1:1, a ten-item measure, Young Person's CORE (YP-CORE) is used by Counsellors². A self-reported monitoring tool, completed session-by-session, specifically designed for this age group, Counsellors use this to assess distress and covers anxiety, depression, trauma, physical problems, functioning and risk to self.

In 2024-25, the total number of young people having 1:1 counselling was 266, and of these, 37% had a presenting CORE Score > 20, which was lower than last year's proportion (52%). Having a score of > 20 is indicative of moderate to severe mental health issues, rather than the mild to moderate we would anticipate in an early intervention service. Mean average improvement is given in the following table:

| Average Starting CORE | Average End CORE | Average CORE improvement |
|-----------------------|------------------|--------------------------|
| 19.0 | 13.5 | 5.5 |

The mean Average Starting Core, 19.0, was slightly less than last year's figure (19.7), while the Average CORE improvement, at 5.5, was slightly higher than last year (5.2, an improvement of approx. 6.0 confers therapeutic benefit).

Please note: the average improvement can be "skewed" depending on the number of young people who complete counselling as the numbers above do not include young people who have disengaged but who might have had an improvement in their CORE score. Young people with more complex issues could experience an increase in their score as their issues are explored. They may require more than four sessions and there is a possibility that complexity has an impact on achieving clinical benefit.

The range of starting CORE Scores in 2024-25, are indicated below:

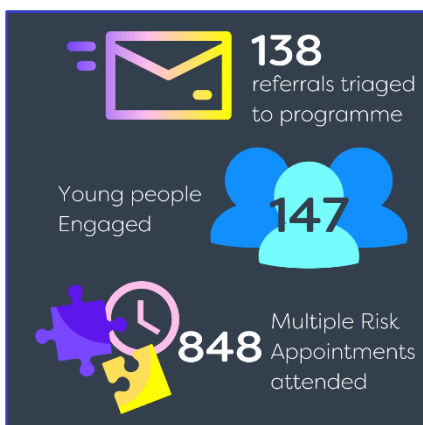
| Starting CORE Score | Score category: | Proportion of 1:1 Counselling Clients |
|---------------------|-----------------------------|---------------------------------------|
| 0 - 9 | Healthy to low distress | 26.7% |
| 10 - 19 | Mild to moderate distress | 36.5% |
| 20 or more | Moderate to severe distress | 36.8% |

² Clinical Outcomes in Routine Evaluation (CORE) <https://www.coresystemtrust.org.uk/home/instruments/yp-core-information/>

5.3 Multiple Risk Programme

The programme continues to offer bespoke 1:1 support within YHS venues for up to 12 weeks, centred on addressing the specific risk-taking behaviours of the young person. Outreach support - either in person or by telephone – complements this, to encourage attendance at the service or as a “step down” approach post intervention. Where necessary, parental support can also be offered to navigate this, often difficult, phase.

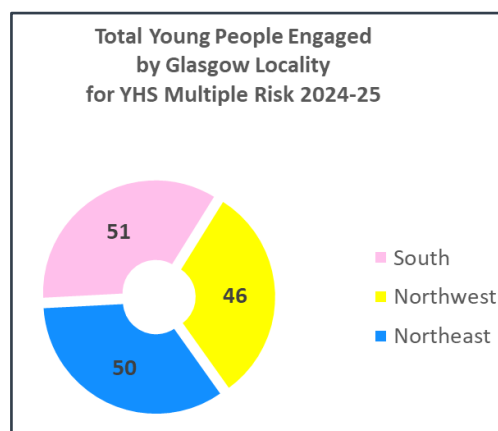
In 2024-25 there were ten MR workers across the nine YHS venues. In response to additional funding, a further two MR workers were deployed, targeting the venues with the largest waiting list.



Demand for the service has remained high across the city. In total, 138 new referrals were received and triaged to Multiple Risk, from sources such as: Social Work, Education, GP Practices, families and third sector organisations.

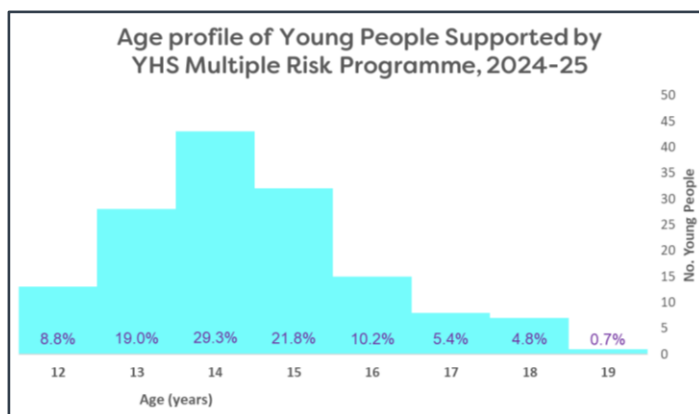
In total, 147 individual young people were supported, with 63 completing the programme – and others remain engaged in support at the time of

reporting. The remainder of young people referred are awaiting support, withdrew from the service or did not meet the criteria for support (i.e. requiring more intensive support or not resident in Glasgow City).



Individualised focused work is agreed with young people dependent on risk. Over half (53%) of young people engage with the 12 weeks of support, however, due to the bespoke nature of the programme, all engagement should confer benefit for the young person.

YHS work together with *includem* to prioritise young people who can benefit from Outreach support.



5.3.1 Referral reasons - Multiple Risk

Due to the complexity of referrals, young people often present with co-existing risk-taking behaviours. The most common initial presenting issues (gathered from existing knowledge of the referrer) were alcohol and/or drug use, self-harm and suicidal ideation, non-engagement in education or employment, risk of offending and anti-social behaviour. Other issues cited

Risky Behaviour

were Tobacco use, risky sexual behaviour and exposure to online risk and grooming/exploitation.

During the relationship-building phase of the programme, additional contributing issues can become evident. The table below lists the ten most common of these in 2024-25. Issues may co-exist for any young person.

| Additional presenting issues | Proportion affected |
|------------------------------|---------------------|
| Anger | 19% |
| Anxiety/Stress | 13% |
| Behaviour | 9% |
| Vaping | 9% |
| Interpersonal/Relationship | 8% |
| Family | 8% |
| Online experiences | 5% |
| Self/Identity | 5% |
| Trauma/Abuse | 4% |
| Bullying | 3% |

We continue to monitor levels and trends in referral and additional presenting issues to inform the targeting of YHS resource. The trend in gaming behaviours was highlighted throughout the service and YHS arranged further training for YHS and *includem* staff on this issue and also the associated issue of gambling harms. The trend of “vaping”, as mentioned in last year’s report, continues and YHS are currently arranging specific training for staff.

5.3.2 The Multiple Risk Programme and Tools.

The *includem* intervention uses 13 specialist modules from their “A Better Life” toolkit, including offending and risk-taking behaviour, managing emotions and important relationships. These provide a responsive foundation, focusing upon strengths, encouraging positive behaviour change and maximising health and well-being outcomes.

An assessment tool, “Wellbeing Web”, employs SHANARRI³ indicators to direct discussion around a young person’s potential. The self-reported “I-Statements” measure impact at the point of entry and exit to the programme. This tool constitutes a set of positive statements *includem* developed in conjunction with young people to try and capture a more detailed measurement of change. It is important to recognise that scores can be lower at programme end, due to young people then having a better understanding of factors, such as what constitutes a healthy relationship.

MR workers may also identify very specific needs for a young person, and support for this may be available from *includem*’s “Young Person’s Fund”. This has included the purchase of a table to

³ For information on Wellbeing Web; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI) and “Getting It Right For Every Child” see: <https://lx.iriss.org.uk/content/girfec-wellbeing-web> and <https://www.gov.scot/publications/shanarri/>

facilitate family meals (the young person had been eating alone as a consequence). Another was to organise a pendant of remembrance for a young person grieving their pet which had greatly affected their sense of wellbeing and helping them to move forward.

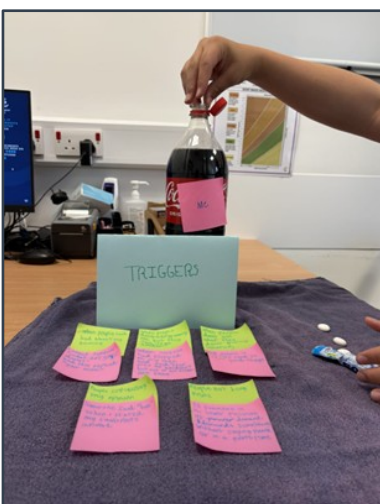
5.3.3 Programme Outcomes

Positive outcomes for young people recorded on completing the programme were: improved self-esteem, decreased substance use, improved family relationships, better engagement with school and decreased offending and/or anti-social behaviour. Parents have also provided positive verbal feedback in relation to improved family relationships and behaviour.

In addition, the benefit is assessed at exit through I-Statements. The table, below, reflects outcomes. It is not always possible to capture this for all young people, if, for example a young person ends support in an unplanned way or declines completing a final I-statement.

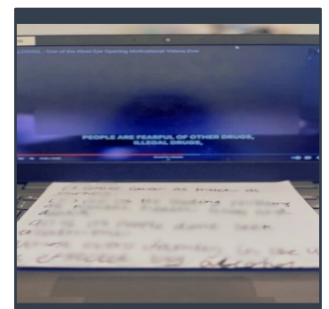
| Outcomes (via I-Statements) | Improved | Unchanged | Worsened |
|--|----------|-----------|----------|
| Young people are diverted from participating in risk taking behaviour | 76% | 18% | 6% |
| Young people have improved wellbeing, resilience, and resistance skills | 83% | 8% | 10% |
| Young people have ability to maintain their independence | 69% | 14% | 17% |
| Young people have sustained positive caring relationships | 69% | 11% | 20% |
| Young people are positively engaged with their neighbourhood | 64% | 25% | 11% |
| Young people feel respected, responsible and included | 78% | 7% | 16% |
| Parents/carers are more confident in their role | 80% | 7% | 14% |
| Young people have improved engagement outreach linking into sustainable services | 48% | 36% | 17% |
| Families feel strengthened | 56% | 31% | 13% |

5.3.4 Example Activities - Multiple Risk sessions



An exercise (shown left) with a young person, identifying different emotions and triggers to these. Through coaching conversations and a small science experiment with the MR worker, new strategies are identified to help the young person respond to their emotions in future.

An MR worker and young person watched a video together (shown right) exploring issues of alcohol use and its impacts longer term. The young person wrote down observations for discussion. The young person reported that they now realised how severe the effects might be.





A photo (left) is a module 'people in my life' – a young person takes the next stage in having the confidence to build friendships with their peers. One "SMART" goal set with their MR worker was to make friendship bracelets to help consolidate their friendships with their peers. The MR worker highlighted their achievement remarking how far they had come on their journey.

The YHS Multiple Risk programme, delivered by *includem*, a commissioned organisation, is now in its fourth year⁴.

The current MR contract is due to complete in June 2025, and a new tender process is underway.



Multiple Risk

- Personalised programme for young people experiencing 2 or more risk behaviours
- Substance use, gambling, school engagement, gaming, etc.
- One to one support for up to 12 weeks
- Early intervention to improve outcomes
- Goal setting, improving resilience, identifying supportive relationships

⁴ <https://includem.org/>

6.0 Wraparound Support

Most young people engaging with the service this year required wraparound support beyond evening delivery. This support is essential for holistic care, helping to coordinate services, improve consistency, manage risk, and strengthen connections between young people, families, and professionals.

Wraparound activity is led by the YHS Nurse responsible for the venue caseload. It involves effective communication, information sharing, and complements assessment and care planning to meet individual needs.

Clinical Wraparound includes:

- Escalation of risk to NHSGGC Public Protection Services or Social Work.
- Internal referrals to YHS components, such as Counselling, Multiple Risk, Weigh To Go.
- Case discussions with YHS colleagues, Nurse Team Leaders and the Service Manager.
- External case discussions with professionals in Social Work and Education.
- Caseload management through onward referral to statutory and non-statutory services for continued support post-discharge.
- Referral to parent/carer support options like Parent Hub.

Non-Clinical Wraparound includes:

- Onward referral and signposting to public and third sector agencies for support with housing, financial inclusion, and other needs.

Onward Support and Signposting:

This year, these included: Child and Adolescent Mental Health Services (CAMHS), Social Work, Child Protection, Sandyford, Neurodiversity and Adult Autism Teams, Compassionate Distress Response Service (CDRS) of Glasgow Association for Mental Health (GAMH), Community Mental Health Teams (CMHT), TogetherAll, Alcohol Drug and Recovery Service (ADRS), Central Parenting Team (Teen Triple P). Other onward supports are Partners in Advocacy, Young Movers and Parentline (Children 1st), DRC Youth Project (Pathfinders employability), Enough! (ages 13-21; Glasgow Womens Aid), Rosey Project, LGBT Youth Scotland, Differabled, Move On, Penumbra; also digital resources Kooth and Combined Minds.



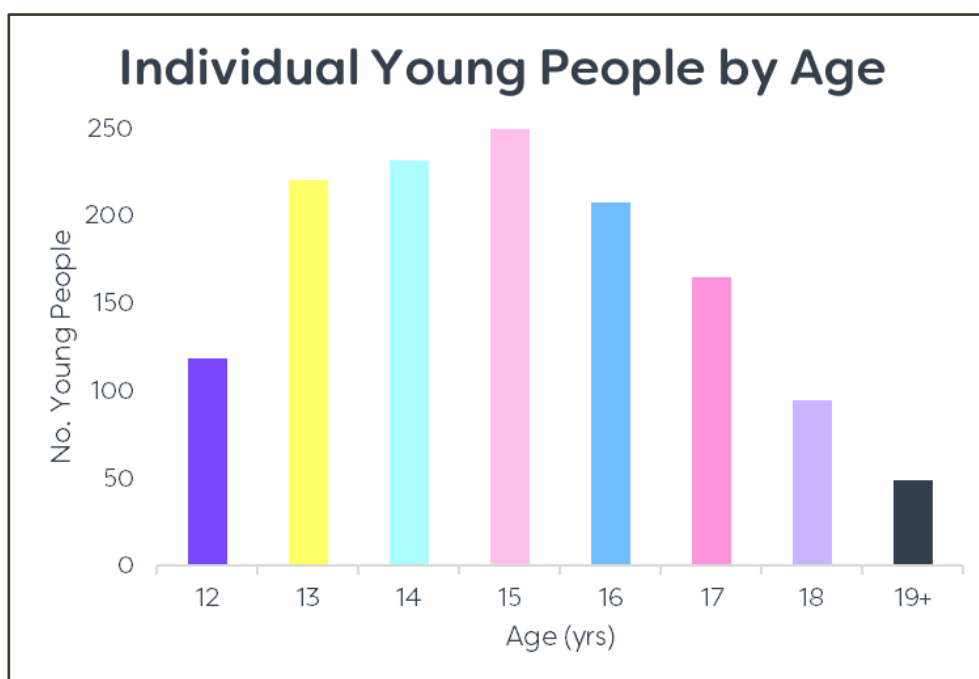
7.0 Service User Profile

The data below is collated from information gathered at service registration, in accordance with NHSGG&C Equalities in Health policies⁵. This aims to ensure young people and their families who use the Youth Health Service are treated fairly. A total 403 young people completed the equalities form in 2024-25, this data is used in section 7.2, 7.4 and 7.5 below.

7.1 Age

The age profile of all individual young people in 2024-25 who attended an appointment(s) (i.e. they “Engaged” with the service) was generally in line with the previous year, and thus was predominantly those aged 13 - 16 (77%).

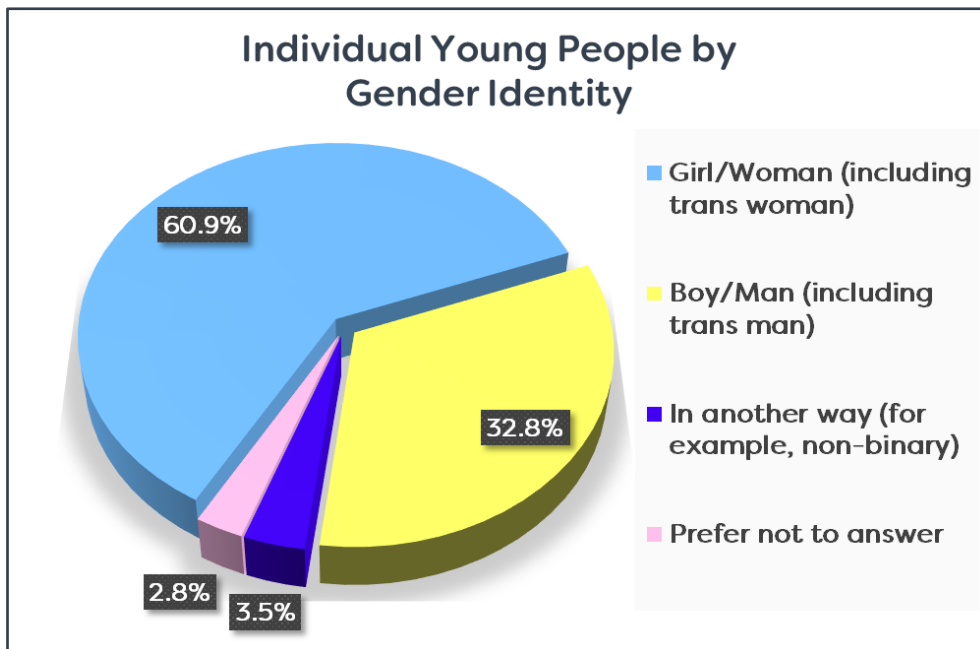
However, there was some contrast with the previous year, in that the proportion of Engaged young people at aged 12 years, was 10% in 2024-25 (a decrease from 12% last year), whilst those aged 17 was 14% (an increase from 10%) and those aged 18 was 8% (an increase from 5%). These latter, older individuals may belong to the category where support is made available up to age 26, for example (if care-experienced), or they may have engaged in the service before their 20th birthday - but have yet to complete their YHS journey.



⁵ The policies can be accessed at: <https://www.nhsggc.scot/your-health/equalities-in-health/>

7.2 Gender Identity

Young people are asked if they wish to identify their gender at registration with the service. In 2024-25, 61% identified themselves as female, 33% identified themselves as male, while 4% identified their gender “in another way” – this latter amount was an increase upon the previous year (which was 1.3%). The proportion of young people for whom gender identity was unspecified or declined to answer was 3%.



The YHS continue to promote access for all and are mindful from recent research⁶ that LGBTQ+ young people experience greater health and social inequalities than others.

In April 2024, we were awarded LGBT Charter accreditation at Gold Level, by LGBT Youth Scotland. We hope this will further ensure LGBTQ+ young people feel safe and welcome to explore their issues. The YHS offers young people the opportunity to highlight their preferred pronoun and name whilst within the service.

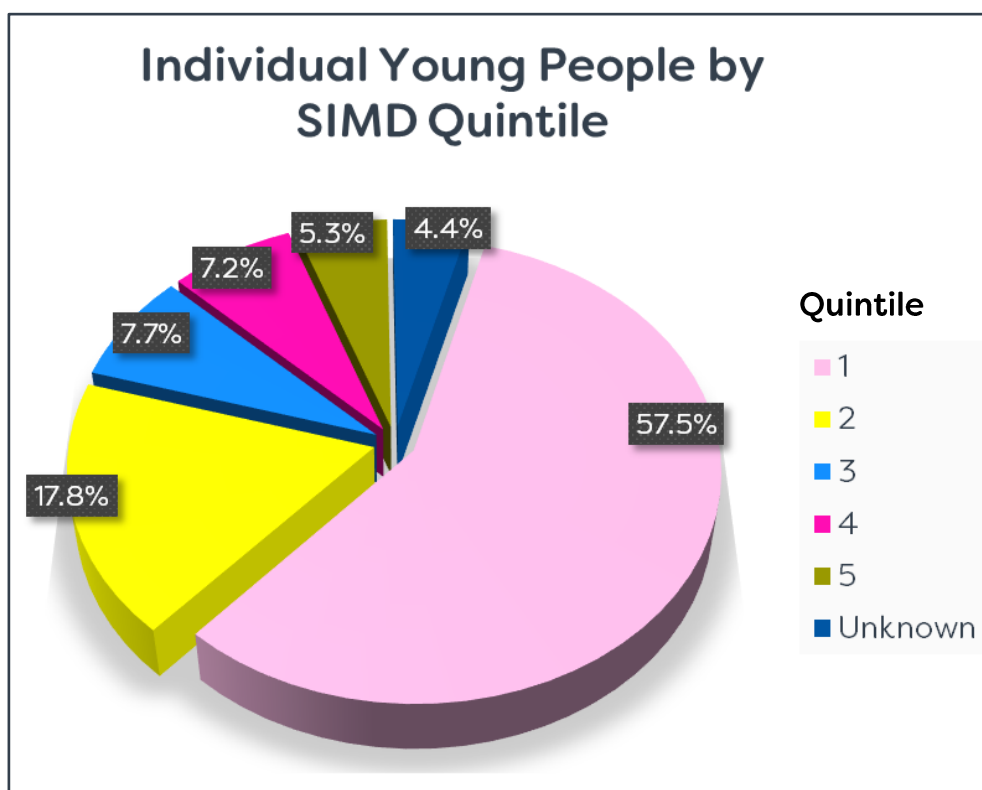


⁶ Report “Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people” accessible at: <https://www.stor.scot.nhs.uk/handle/11289/580332>

7.3 Scottish Index of Multiple Deprivation (SIMD) Status

SIMD⁷ is a tool to identify areas of deprivation in Scotland which adopts measures beyond income, and considers different categories of deprivation including health, access to services and housing. Areas can be classified into “quintiles” which range from 1, being the *most* deprived, to 5, being the *least* deprived.

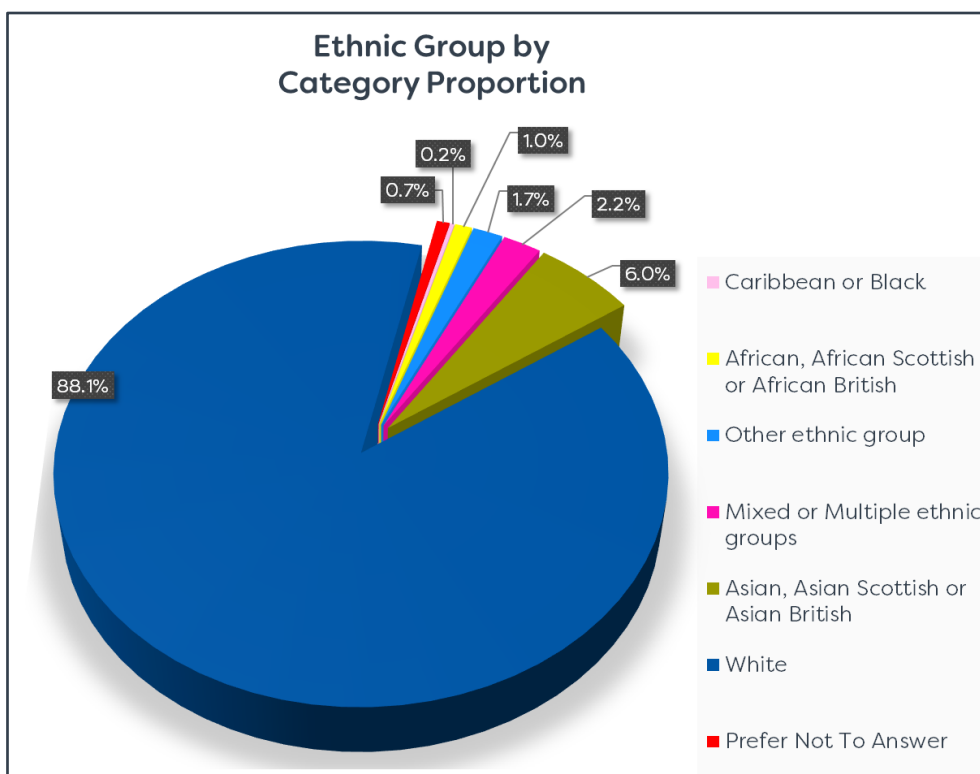
Of those engaged with the service this year, 75% reside in a postcode within the 40% most deprived communities in Scotland (i.e. SIMD quintile bands 1 and 2 combined), this is a small decrease to the previous year (77%). The data confirms the YHS continues to be accessed by those young people in greatest need.



⁷ More information available: <https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020>

7.4 Ethnicity

In the chart below, we show the proportions of the *top-level category* of ethnic grouping for young people, as was self-identified at registration with the service. The category “White” (includes both British and non-British) was 88.1%, and then “Asian, Asian Scottish or Asian British” was second-most frequent at 6.0%.



The below table shows the specific ethnic grouping subcategory, as given by the young person:

| Ethnic Group - Subcategory | Proportion |
|--|----------------|
| White Scottish | 83.71% |
| Other British | 0.75% |
| Irish | 0.50% |
| Polish | 2.76% |
| Gypsy/Traveller | 0.25% |
| Roma | 0.25% |
| Any other White ethnic group, please describe | 0.50% |
| Pakistani, Pakistani Scottish or Pakistani British | 3.26% |
| Indian, Indian Scottish or Indian British | 1.00% |
| Bangladeshi, Bangladeshi Scottish or Bangladesh | 0.50% |
| Chinese, Chinese Scottish or Chinese British | 0.50% |
| Any other Asian, please describe | 0.75% |
| Any other African, please describe | 1.00% |
| Any other Caribbean or Black | 0.25% |
| Any Mixed or Multiple ethnic groups | 2.26% |
| Arab, Arab Scottish or Arab British | 0.75% |
| Any other ethnic group, please describe | 0.25% |
| Prefer not to answer | 0.75% |
| Total | 100.00% |

A large proportion (83.7%) identified as “White Scottish”, an increase from last year (80%). Of the other ethnic grouping proportions, “Pakistani or Pakistani Scottish or British: Pakistani” was second-most frequent at 3.3%, then “Polish” at 2.8% and “Mixed or Multiple Ethnic Group” at 2.3%. Those who “Preferred not to answer” was 0.75%.

In terms of Glasgow’s young people, a recent report by Glasgow City Health and Social Care Partnership (HSCP) recorded that⁸:

“More than a quarter of Glasgow (local authority) school pupils (26.3%) have a Minority Ethnic background which is almost three times the percentage of Minority Ethnic pupils of Scotland overall (10.1%). The percentage of Minority Ethnic pupils in Glasgow (26.3%) is also more than double the percentage of the Minority Ethnic population of Glasgow (11.5%) indicating higher levels of diversity in the child population than the adult population of Glasgow.”

In our data this year (see table, above) the Minority Ethnic proportion of young people at the YHS was approximately 15%. The HSCP report records its group category of “Secondary School pupils”, as Minority Ethnic = 25.0%. If we consider the report group category as broadly analogous to the YHS profile (12-19 years and Glasgow resident), then the proportion who are Minority Ethnic in the YHS is somewhat lower.

⁸ see p15-16, Demographics Profile Report for Glasgow
https://glasgowcity.hscp.scot/sites/default/files/publications/2023%20demographics%20and%20needs%20profile%20full%20report_0.pdf

7.5 Young Carers

Someone under 18 years old (or 18 and still at school) and supporting a family member, a friend or a neighbour, is classed as a “young carer”⁹.

In 2024-25, there were 45 young people (i.e. 1.1% of registration respondents) who identified themselves as having caring responsibilities for someone else. This was a decrease from last year’s total (54). We recorded that 14 young people selected “preferred not to answer” to this question. For context, there are currently an estimated 27,000 young carers (aged 4-17) in

Scotland, from an estimated Scottish Schools population in 2024 of 700,000¹⁰. This offers an approximate baseline proportion in Scotland of Young Carers: ~3.9%. Therefore, there were fewer Young Carers registering at the YHS than we would expect, given the national baseline estimate. It is of relevance that some young people, perhaps, neither wish to be considered a young carer, or understand that the caring role they have for someone does in fact mean they are a young carer. Some young people may not wish to be labelled.



⁹ Young Carer criteria - <https://www.mygov.scot/help-if-youre-a-carer/who-is-a-carer>

¹⁰ Young Carers - <https://www.gov.scot/publications/scotlands-carers-update-release-march-2025/pages/background-note/> ; Scottish School Population figures - <https://www.gov.scot/publications/summary-statistics-for-schools-in-scotland-2024/>

7.6 Geographical Data

7.6.1 Referral Data



The map (left) Glasgow with YHS venues indicated. The two maps shown on the following pages, show referrals according to young person's postcode area. The second of these maps uses clustering for a clearer view of the distribution.

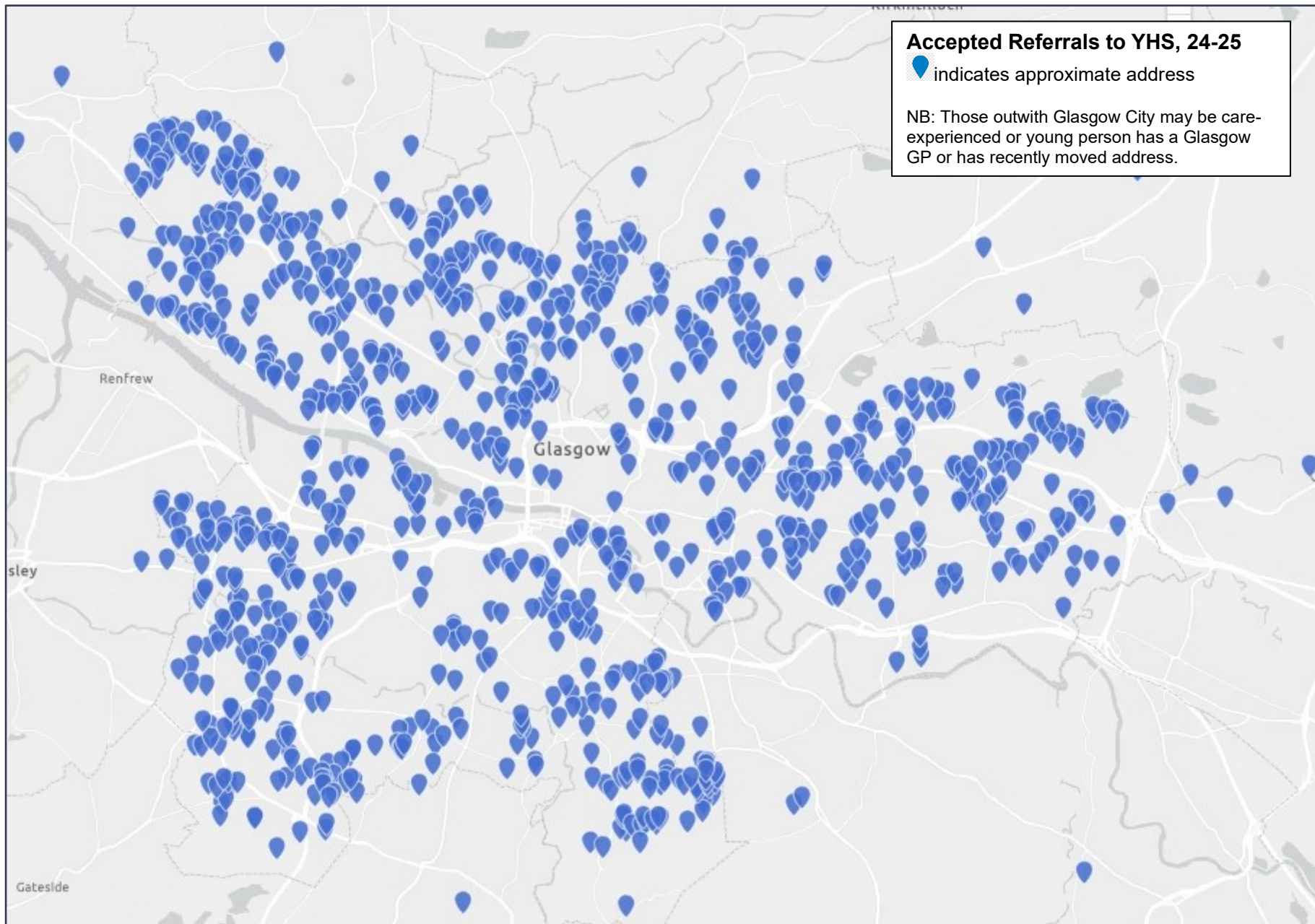
In broad terms, we continued to see higher concentration of numbers in Glasgow areas with venues. This year, there was a relatively consistent spread of demand across the three HSCP localities.

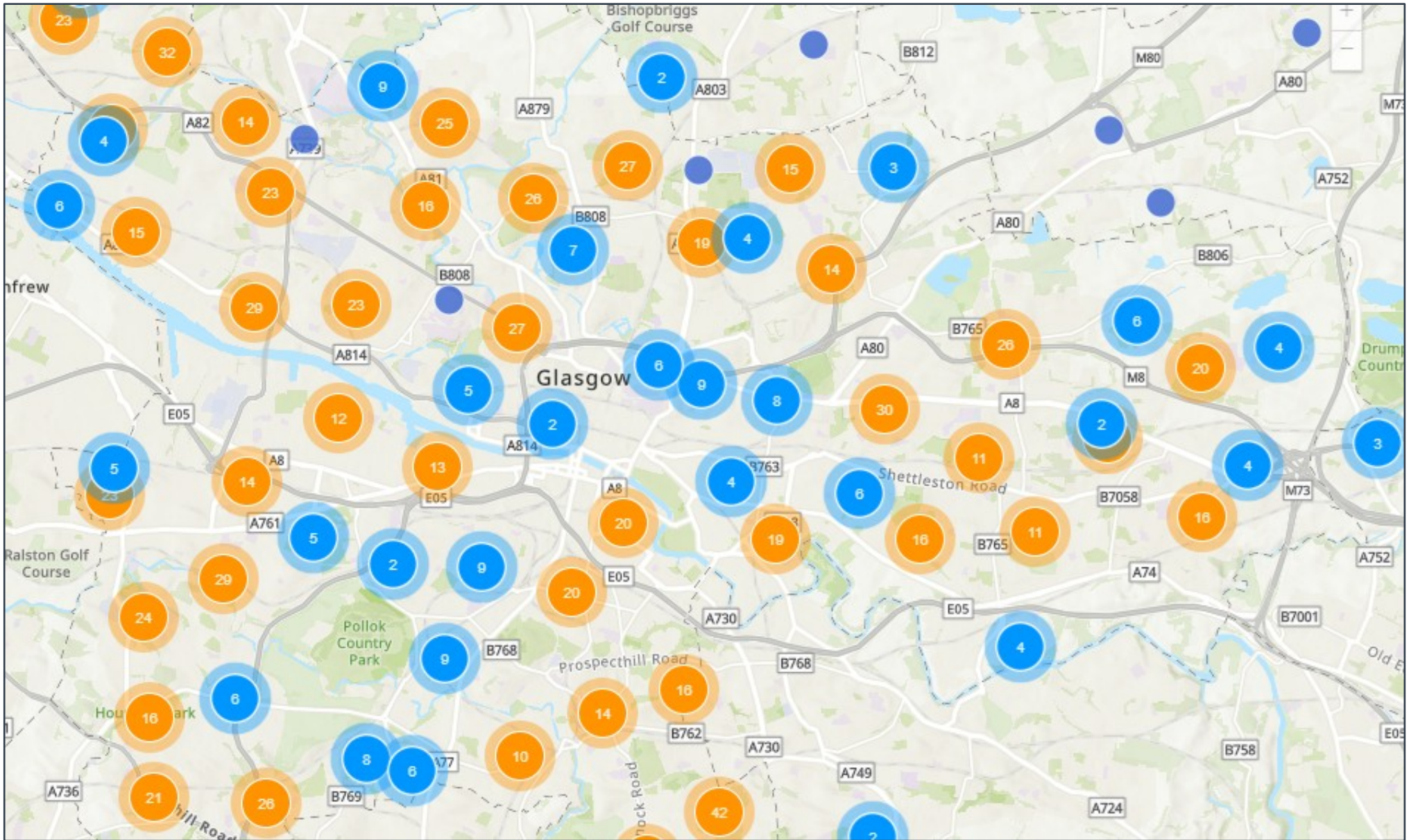
The North West (NW) locality has the most established YHS, and referrals continued to be high in neighbourhoods there, as might be expected. The highest referral amount this year, continued to be the Drumchapel area. The distribution of referrals from across the NW locality neighbourhoods continued to be relatively even.

The spread of referrals in North East (NE) locality was similar to last year, in that the highest number of referrals received were from Shettleston, Springboig and Tollcross and also Springburn and Barmulloch. The number of referrals remained fewer from areas such as City Centre, Sighthill and Dennistoun.

In South locality, the spread was more varied, and less concentrated, which as we noted last year, may be attributed to the locality geography, i.e. the area is greater and therefore concentrations of referrals may be less visible. We observe that Castlemilk continued to show significant concentration of referrals. Of note, Castlemilk does not have a YHS venue and most young people access support through YHS Gorbals. We continue to monitor this and if further investment becomes available, will consider how we can respond to this.

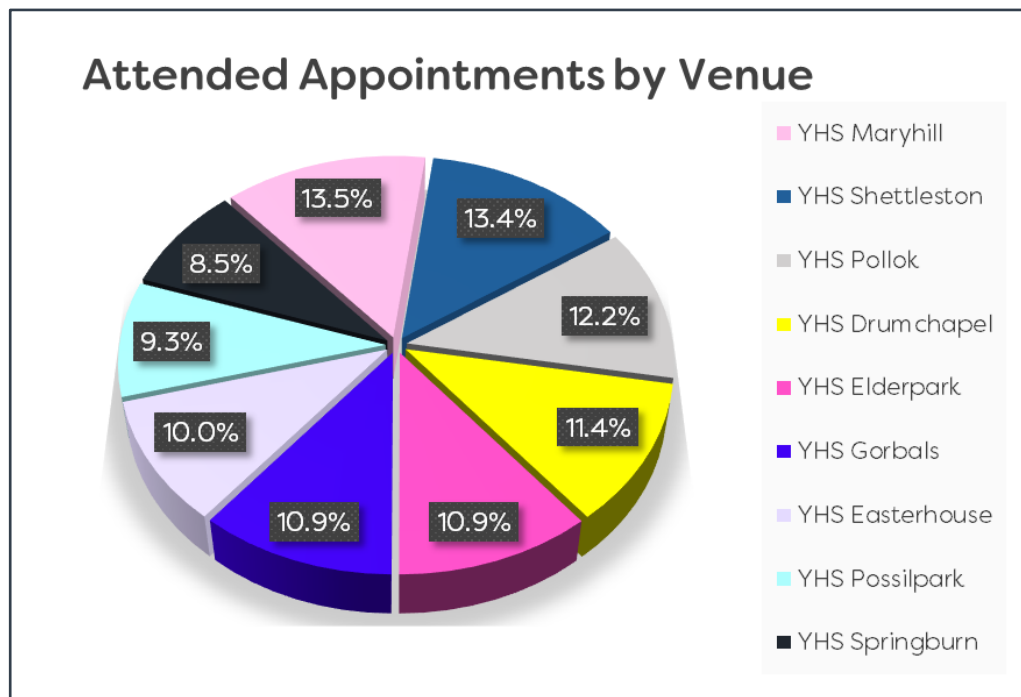






7.6.2 Service Delivery – Venues

This was the third consecutive year that all nine YHS venues were operational throughout the full year, following the service’s expansion. All venues were open for a single evening each week, (other than during Christmas fortnight, and Public Holidays), except for Maryhill - which had an additional evening of delivery starting in February. In the chart below, the spread among the different venues’ delivery was reasonably evenly distributed by proportion of attended appointments.



Overall, venues did not differ too considerably in proportion of usage and have all been well attended. Venues ranged in terms of share of total visits from 9% (least busy) to 14% (the busiest) and thus overall spread was in line with last year (also 9% to 14%). The share of visits at Drumchapel has decreased from 14% to 11% - we attribute this fluctuation in large part to staffing differences at the venue compared with last year¹¹. The increase at Maryhill this year was partly due to the additional delivery evening there during several months and contributed to it having the largest share of all attended appointments.

¹¹ Venue data is affected by a range of factors, for example, the availability of rooms at each: some venues can accommodate up to three counsellors, others not – e.g. Gorbals was less able to respond with space constraints historically in this venue. Also, fluctuations in staff availability can occur during the year.

8.0 Communications

8.1 Social Media Communication Channels

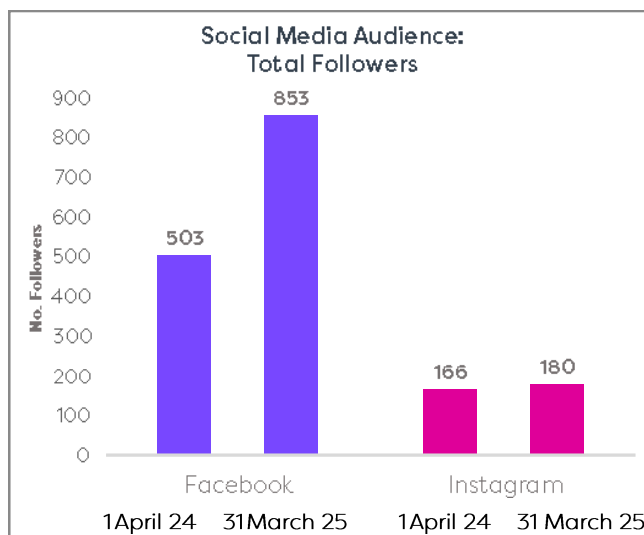
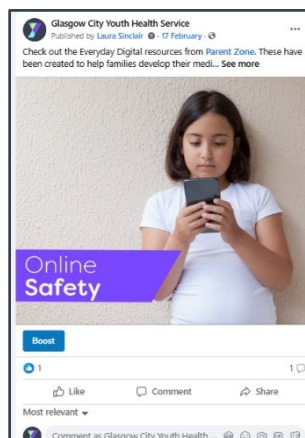
This year, we continued to engage and reach our audience via regularly published content on both social media channels (Facebook and Instagram)¹². YHS Instagram audience demographics indicate a much younger average age than that of our YHS Facebook page.

8.2 Key Performance Indicators (KPIs)

As in previous years, we present data for Communications evaluation objectives, below:

8.2.1 KPI 1: Increase audience of YHS on social media channels by 20% over 12 months

The chart (right) shows an increase in the audience of both YHS channels this year (i.e. from 1st April 2024 to 31st March 2025). The total audience followers on Facebook increased by 70%, from 503 to 853 and the total followers on Instagram increased by 8% from 166 to 180. This means KPI 1 was partially achieved: Facebook greatly exceeding the target and Instagram falling slightly short of target.

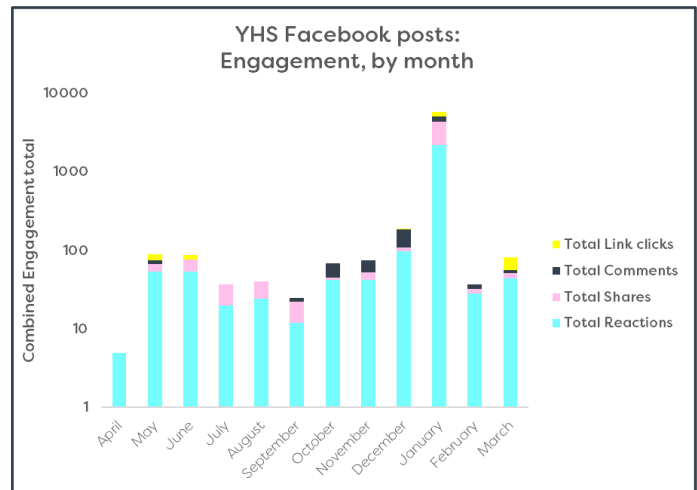


¹² Instagram: <https://www.instagram.com/glasgowcityyhs> ; Facebook Page: <https://www.facebook.com/glasgowcityyhs>

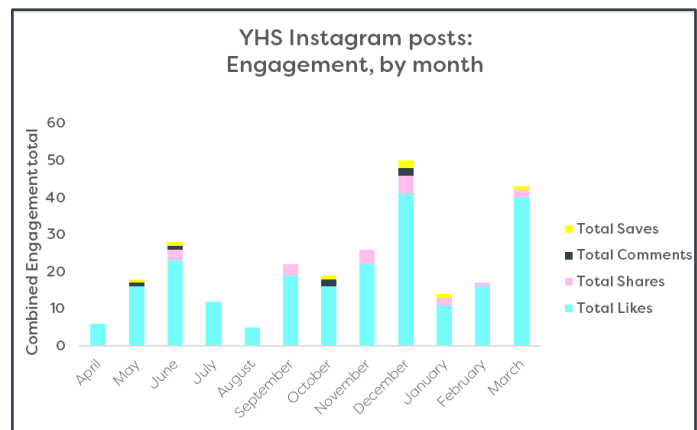
8.2.2 KPI 2: Increase post engagement in specific campaigns, target >20 per post

There were no specific campaigns carried out this year - we did report on general data post engagement on Facebook and Instagram channels. Facebook, in January, featured a post highlighting “an NHSGGC event to showcase Apprenticeship posts”, which saw massive engagement. The chart (right) includes a log-scale y-axis to better permit observation of the full year’s data. The Facebook engagement has trended positively during the year.

| Facebook Metric | Amount |
|---------------------------|--------|
| Total Posts in year | 127 |
| Total Combined Engagement | 28233 |
| Avg. No Reactions | 21 |
| Avg. No Users (reached) | 2276 |



| Instagram Metric | Amount |
|---------------------------|--------|
| Total Posts in year | 111 |
| Total Combined Engagement | 260 |
| Avg. No Likes | 2 |
| Avg. No Users (reached) | 40 |



8.2.3 KPI 3: Improve traffic to YHS webpages by 10% over 12 months

Web traffic information is taken from YHS website analytics data. In 2024-25 (table, below) the YHS website was viewed 9617 times, an increase of 3% compared to last year’s 9383 views, meaning KPI 3 has not been achieved and suggesting that further work is needed to drive traffic to the YHS webpages in 2025-26. The three most-visited pages constituted 80% of all website views, these were the homepage, “find out” page and contact details page:

| Page path and screen class | Views | Active users | Views per active user |
|--|------------------------|------------------------|-----------------------|
| Total | 9,617 100% of total | 3,148 100% of total | 3.05 Avg 0% |
| 1 /hospitals-services/services-a-to-z/glasgow-city-youth-health-service/ | 5,248 (54.57%) | 2,862 (90.91%) | 1.83 |
| 2 /hospitals-services/services-a-to-z/glasgow-city-youth-health-service/find-out-more/ | 1,573 (16.36%) | 983 (31.23%) | 1.60 |
| 3 /hospitals-services/services-a-to-z/glasgow-city-youth-health-service/contact-us/ | 882 (9.17%) | 578 (18.36%) | 1.53 |

8.3 Communications – Various

8.3.1 Annual Service Questionnaire

The YHS acknowledge and hugely appreciate all the feedback we receive. Having robust feedback allows the service to make improvements and ensure young people and their families get the support they need.

Our annual questionnaire and survey collated a total 101 responses in Spring 2024, via an online survey of families that engaged with the YHS between 1st April 2023 - 31st March 2024. The survey report was published in Summer 2024. To facilitate more relevant questions, a separate version of the survey was created for young people and a version for parents and carers¹³.

Despite an increased demand for the service and resulting longer waiting times, overall satisfaction remained high among respondents. 89% of young people said they felt listened to and understood by our service, while on average, parents and carers rated our service 4 out of 5. Of the latter group, 91% said that they would recommend the service and spoke positively of the change they saw in their young person after receiving support. The Youth Health Service is encouraged by the many positive comments made about staff, our venues and the support we provide. An area for improvement is possibly appointments: 16% of parents and carers commented that it was not easy to make an appointment. This may be in relation to longer waiting times for appts, due to increased demand for the YHS, in particular Counselling.

8.3.2 Report to Integrated Joint Board (IJB) Public Engagement Committee

The Annual Service Questionnaire is part of our service's commitment to listen to young people. In late 2024, a report was submitted to the IJB Public Engagement Committee, on the overall engagement and participation approach of the Youth Health Service, and with the aim of improving representation for younger voices at committee level,¹⁴. Work done by the YHS, in view of the IJB Strategic Plan 2023-26, contributes to the achievement of the IJB vision of accessing the “right support, in the right place, at the right time”, by offering early intervention support to young people in their local community.

8.3.3 Service leaflet and poster refresh

To improve clarity, visual appeal and communicate service essentials, the standard service double-sided flyer/leaflet was updated this year, along with a new poster (image, right).

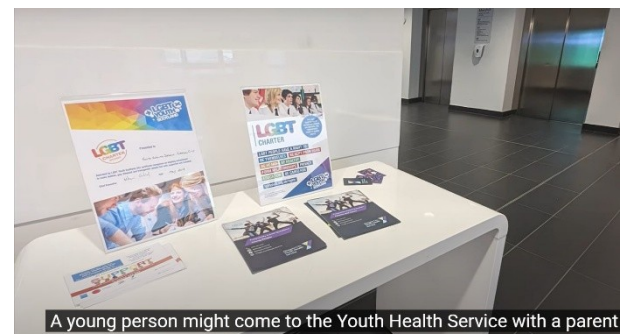
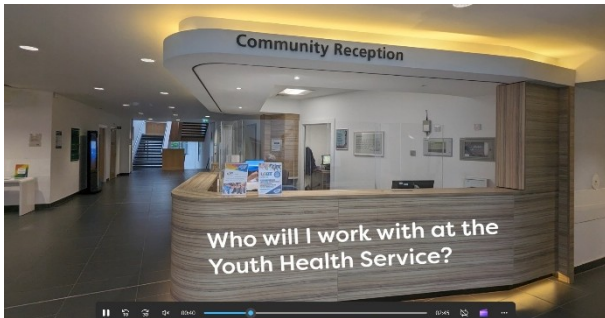


¹³ Both questionnaire reports available upon request.

¹⁴ <https://glasgowcity.hscp.scot/sites/default/files/publications/Item No09 - Youth Engagement and Glasgow City Youth Health Service 0.pdf>

8.3.4 Video production - YHS Volunteers.

As an extension to existing YHS video communications work¹⁵, a short video recorded, edited and produced in-house served as a friendly presentation during the recruitment phase of YHS volunteers. We were pleased to receive positive feedback on the video from many applicants. Some stills from the video are shown below.



8.3.4 Weigh to Go (WTG) communications work

Work this year focused on key marketing aspects for WTG (child healthy weight management programme, hosted in Glasgow at YHS venues)

- Case study work in a forthcoming new WTG leaflet: identified and engaged a young person as part of a structured storytelling process to highlight the programme benefits.
- WTG referral pathway promotion
 - Education: Active School Coordinators were individually contacted and engaged
 - GP Practices strategically targeted by area
 - Staff in Acute Sector liaised with in order to sustain and strengthen links.
- A WTG section was produced for a new Health Improvement-produced comic on Child Healthy Weight, "Magic Torch". (Forthcoming publication).

¹⁵ YHS via NHSGGC YouTube: https://www.youtube.com/playlist?list=PLmuRxztsS0Nw9FD_w3LN8ZnRefCEXlhQV

9.0 A Young Person's Journey

The case study, below, illustrates one young person's journey from referral to interventions, and then to outcomes for the young person.

Molly, 18*

*Name has been changed to respect confidentiality



1. Referral

- Referred by School
- anxiety, low mood and family issues



2. Initial Assessment

- Seen by YHS Nurse and triaged to priority counselling
- Family relationship breakdown, alcohol use and suicidal ideation disclosed to YHS Counsellor
- Becomes homeless and is in temporary accommodation



3. Support from YHS Nurse & GP

- YHS Nurse provides sustained support - including frequent appointments
- Housing issues followed up in Nurse wrap-around; Molly obtains tenancy
- YHS GP provides clinical support around suicidal thinking
- Referred to Adult Primary Care Mental Health (PCMH) who support
- Referred to Adult Lifelink for Counselling

4. Support from the Multiple Risk programme

- Harm reduction around alcohol use and sleep hygiene advice
- Activities building skills in healthier family and personal relationships
- Successfully completes programme, with Outreach continuing for a period



5. Employability

- Builds on successes and Molly's relationship with wider YHS
- Several in-depth career planning conversations, identifies skills, strengths and what matters to young person.
- CV, Cover Letters, Mock Interviews (in-person & video calls)
- Personalised support with applying to apprenticeships, jobs
- Practical advice for Universal Credit processes, e.g. journal



6. Outcomes

- Improved mental health - no longer requires PCMH support
- Enjoying fulltime employment and boosted confidence
- Maintains reduced engagement with YHS
- Awaiting assessment for adult neurodevelopmental service



9.1 Feedback

The YHS adopts a welcoming and listening approach to those in contact with the service. We regularly and actively seek feedback from YP, parents and professionals to help us improve the service. An annual questionnaire is conducted with those who engaged with the service, while we record and act upon feedback received at other times.

“I enjoyed having someone to talk to [who] wouldn’t judge me and gave me proper advice or better ways to think”

Young Person

“Learning to set boundaries, understanding myself more.”

Young Person

“I was told about the Family Well-being Hub by YHS staff. I have found the support helpful.

My young person getting supported by YHS and me getting support from the hub helped me understand my child's needs and made me confident in supporting her at home.”

Parent/Carer

“Thank you very much for the support I have had from YHS, not sure what I would have done without this service. I was also referred for parent support which also helped a lot.”

Parent/Carer

“[The YHS is] a vital service for Young People and I find it professionally supportive and a helpful team.”

Locum GP

“Venue was always set up to be welcoming and made my daughter feel comfortable while waiting to be seen”

Parent/Carer

10.0 Employability

10.1 Youth Employability Support

The YHS Employability Coach is funded by the Scottish Government Young Person's Guarantee (YPG)¹⁶, and the role supports young people at all stages of the employability "pipeline". The strength of the YPG programme, is its ability to provide nuanced support to those experiencing inequalities in employment opportunities.



The Coach has been in post from August 2024, since then, receiving 48 referrals from across Glasgow City, with 26 engaging. Young people were referred with various employability requirements and tailored support needs, including the following:

- current school pupils from 15.5 yrs old (6 months from school leaving date). The Employability offer applies to 16-24 years, aligned to the Scottish Government's "No One Left Behind" Employability Strategy¹⁷
- those who do not want school support
- those who never attended secondary school or dropped out before exams
- those who have been unemployed and/or economically inactive for several years
- young people who struggle to stay in college/university/work and require ongoing support and advocacy for sustainment

Everyone is unique – therefore, the employability support is bespoke to them.

Young people in 2024-25 presented overwhelmingly with neurodivergent and/or mental health support requirements – in considering this information, the Coach can design and adapt the support to an individual's circumstances. Other main barriers identified included: poor self-esteem and confidence, dealing with gender identity, lack of qualifications, not being an independent traveller, a lack of career ideas or knowledge on how to access training, education, employment.

Initial appointments are held at YHS venue evenings, which can quickly progress to daytime meetings in local library, cafes, community centres etc. - to prepare young people for the world of work and study.

The employability career journey begins with focused career-planning - identifying skills and personal qualities, researching and applying for opportunities, mock interviews and CV-writing. The Coach also supports young people with pre-application visits to establishments and

¹⁶ <https://youngpersonsguarantee.scot/>

¹⁷ <https://www.gov.scot/publications/no-one-left-behind-employability-strategic-plan-2024-2027> There are also three other Employability Coaches working in different services in Glasgow City HSCP.

undertakes “travel training” to support independence. Advocacy is a significant aspect of the role: attending meetings with schools, employers, colleges or training providers.

Positive outcomes have included: achieving an apprenticeship, gaining employment, going to college after not being in school since Primary education, attending employability training courses and importantly, engaging and working together with the Coach indicates a significant positive outcome, following several years of disengagement.

All those who achieve a positive destination in Further/Higher Education, Modern Apprenticeship or employment are then tracked for a further 12 months, with access to the Coach for support.

10.2 Youth Volunteering in the YHS

A young person-friendly recruitment approach and subsequent training was developed in partnership with The King’s Trust.



- An online information session in September featured a video produced in-house¹⁸ to introduce the YHS to prospective volunteers.
- King’s Trust’s hosted the event, consisting of group activities and applicants were observed in terms of suitability and a shortlist compiled.
- 14 Volunteers were recruited and trained, with King’s Trust delivering skills sessions. In February, roles commenced in venues across the City.
- Participants work toward a recognised youth volunteer achievement, the Saltire Award¹⁹.
- A Volunteer’s duties include:
 - Offer a “Meet-and-greet” welcome for young people and their families to the YHS
 - Provide information and support completing documentation with the young person
 - Assist young people to access agreed resources via the YHS tablet.
 - Support young people and recognise when to escalate an issue to senior staff
 - Meet with designated mentor/other senior staff as required.

This year, we have very much valued the positive contribution in YHS venues from our Volunteers and we were pleased to accompany them to a Thank You event at Glasgow’s City Chambers (pictured, right).



YHS Volunteers

¹⁸ For details see Section 8 Communications of this Report.

¹⁹ <https://saltireawards.scot/>

10.3 Modern Apprentice (MA) – YHS Business Support Assistant

In partnership with NHSGGC Workforce Employability department, the YHS Modern Apprentice Business Support Assistant was awarded a Scottish Vocational Qualification (SVQ) Level 3 in Business and Administration, in January. The SVQ comprised core and optional units, at SCQF level 6, each unit an aspect of the post, with attainment assessed in-work and evidence-based by a designated assessor. At the completion of the MA, a supported transition into permanent employment in the YHS was achieved.

Congratulations to Callum, pictured here, recently, at his Apprenticeship Graduation. He has also been nominated and shortlisted for the “Glasgow City HSCP Staff Awards for Excellence 2025”.



11.0 Developments 2024-25

The YHS recognises the importance of responding to the emerging needs of young people and the need for continual improvement. As such, we have continued to embrace opportunities over the past year, working in partnership with other statutory and third sector organisations, to enhance the support available for young people in Glasgow City.

11.1 Mental Health & Wellbeing Support (Tier 1/2)

11.1.1 Increased Support for Families and Parenting

To complement the menu of tiered Mental Health support, and to address an emerging theme of conflict within the family, family counselling sessions will be trialled to assess benefit. They will be available to all engaged with the service where a young person has had greater than 4 counselling sessions and a theme of family has been highlighted during support. These Family Support appointments will be delivered in conjunction with Lifelink and the booking delivery mechanism agreed for these to be offered in 2025-26.

The YHS works in partnership with Glasgow City HSCP Health Improvement colleagues who offer Parenting support alongside the YHS, this includes workshops or training for parents and carers in topics: Trauma, Neurodiversity, Financial Inclusion, Isolation, Suicide and Self-Harm. The new initiative, the “Glasgow HSCP Family Wellbeing Hub” – is a peer support group for parents and operates alongside the Maryhill YHS, and 1:1 sessions may also be offered according to need.



11.1.2 Digital Wellbeing modules for Young People

A set of online self-management videos (accessible via YouTube) will be available in Q1 of 2025-26, by invitation, for young people who engage with the service. This content was contracted to and then developed by Lifelink and aims to foster better emotional and mental health, covering key wellbeing topics. The four “Digital Wellbeing” modules are:

- Building Confidence
- Self-Esteem – Embrace Your Worth and Value
- Developing a Positive Mindset
- Understanding and Managing Anger in Your Life

The modules will be promoted in venues and at diverse points of contact such as Listening Ear calls and in other appointments with either Counsellors, MR worker or GP/Nurse.

11.1.3 Initiatives for Waiting List mitigation

To impact waiting lists, an additional evening of delivery at YHS Maryhill has been implemented for a three-month period. This offers an additional 16 Counselling, 6 Multiple Risk and 8 Clinical

(GP/Nurse) appointments each week – and access is available to any young person in the Glasgow area.

As part of the contract variation, it was agreed that all counselling episodes would be reviewed. Young people with the longest duration on the waiting list were systematically contacted by commissioned partner Lifelink, to determine whether support would still be beneficial - offering practical tips and tools, or the option of a single session with a counsellor.

11.2 Test of Change – Partnership Working

In the first half of 2024, the YHS, in partnership with West CAMHS, undertook a Test of Change to improve waiting list and referral management and improve outcomes for young people. Later in the year, a report tabled at the citywide Children and Young People Mental Health Group, resulted in a recommendation for a wider Test of Change to include School Nursing and the other Glasgow City CAMHS teams.

11.3 LGBT Charter (Gold) Accreditation

The Youth Health Service formally achieved LGBT Charter status at Gold level in April 2024, awarded by LGBT Youth Scotland. The charter accreditation assists us to communicate our organisation’s commitment to



LGBTQ+ inclusion.

The charter seal acts as a declaration that equality and diversity are key principles guiding the work of the YHS. For all LGBTQ+ individuals—employees, young people and their families—the charter is an assurance that they will be safe, supported, and included within our organisation.



11.4 YHS Review

A Glasgow HSCP Review of the YHS has commenced in Q4, aspiring to achieve a more sustainable service delivery. The first meeting has taken place and focused upon clarifying the scope of the review and the terms of reference.

Membership of the review group was also discussed with some additions for consideration. It was agreed that some individuals may be co-opted for specific pieces of work or a specific purpose but would not be expected to be on the group for its duration. Meetings will take place monthly and the review is expected to take about 6 months. Two NHSGGC Senior Nurse Consultants will be leading the review.

11.5 Care Inspectorate Joint Inspection of Services for children and young people at risk of harm in Glasgow

The inspection commenced in February 2025 and the YHS will be included in the scope of this inspection, and the report is due to be published in August 2025²⁰.

12.0 Reflections

The service continues to be busy, and across all venues. Although the number of new Referrals decreased this year (Section 4), the numbers of young people worked with increased (Section 5.1.1). Moreover, the reduction in referrals provides an opportunity to further positively impact the waiting list for all previous referrals.

The use of a tiered model for mental health is contributing to data trends showing reduced numbers of young people who have only 1-3 sessions of 1:1 Counselling, which implies there is less “drop-off” currently, before the standard amount of 4 sessions are attended. This may be due to the Single Session, which provides a more immediate access to support and, also, helps a young person prepare a suitable mindset and commitment ahead of 1:1 Counselling being allocated. This maximises use of resource and ensures the right support at the right time for young people.

12.1 Workforce and Delivery model challenges

We recognise workforce challenges are associated with the following:

- temporary short-term staff contracts.
- recruitment of appropriately trained staff.
- Significant non-permanent budget and funding streams constraining the service delivery model.

²⁰ For latest information please see: “A joint inspection of services for children and young people at risk of harm in Glasgow” <https://www.careinspectorate.com/index.php/news/8219-a-joint-inspection-of-services-for-children-and-young-people-at-risk-of-harm-in-glasgow>

We anticipate these will be considered as part of the forthcoming YHS Review.

12.2 Service User profile

In summary, this year the overall age profile has trended towards a slightly younger average age range with an increase in the proportion of 12-year-olds while a decrease at the upper end of the age range of those using the service. The SIMD status of young people would suggest the service continues to be accessed by those in greatest need - whilst remaining a universal service for all. In terms of ethnicity, there was continued diversity in background of young people accessing the service this year, with a wide range of ethnic groups represented, while "White Scottish" remains, by far, the predominant group identified with. There was a continued trend from last year of representation by individuals among the categories "African/African Scottish or British" and "Asian or Asian Scottish or Asian British: Pakistani, this year. A significant proportion of young carers were among those attending the service.

12.3 LGBT Charter 3 year cycle

As noted in Section 11.3, we achieved Gold status of the LGBT Charter. The accreditation is set at a three-year cycle, and this assists us to ensure that we renew and refresh training, policies and practice and reflect evolving policy.

12.4 iMatter – Staff Experience report

iMatter is the NHS Scotland Staff Experience continuous improvement tool, via staff engagement questionnaire and followed up by targeting areas to improve staff experience by way of an action plan. The set of questions and measures used describe the extent to which employees feel motivated, supported and cared for at work. It is reflected in levels of engagement, motivation and productivity.

A more motivated and engaged workforce is vital in achieving improved Patient Experience and outcomes for the young people and families using the YHS.

This year's resulting iMatter report indicated predominantly positive responses across the topics covered. Among these, the YHS team attested two key highlights:

All staff in iMatters reported being happy for a friend or relative to access YHS

All staff in iMatters thought we worked well as a team

13.0 Ambitions for 2025-26

13.1 Enhance Standard Mental Health Provision at Targeted Areas

The YHS will be able to enhance our standard mental health provision to support young people within the Tier 1 and 2 model, including an extra evening at YHS Gorbals, for 9 months, to begin later in 2025. This is funded by monies from the Children & Young People Mental Health Fund.

13.2 Multiple Risk – New Contract

During the first half of 2025-26, we anticipate the conclusion of the procurement process of the new contract for our Multiple Risk programme with an external partner.

13.3 New Communications Strategy 2025-27

The service will be undertaking the development and execution of a new Communications Strategy, designed to improve consistency, reach, and effectiveness across all communication channels – online and offline. This will ensure the service is accessible to all population groups within Glasgow City.

13.4 “Missingness” – Review of Missed/Did Not Attend appointments

Next year, we intend to probe the Appointment DNA rate, with a view to reduce its various impacts. A Review of Evidence about “missingness” will be undertaken aspiring to

- Ensure our service is fully accessible to all.
- Reduce long waiting times.
- To maximise the efficient use of the service budget.

13.5 EQIA Refresh

By way of our practice, procedures and working closely with NHSGGC Equalities colleagues, the service strives to ensure that all population groups in Glasgow are aware of and able to access the service. As good practice, the YHS will refresh its EQIA as part of the YHS Review and will incorporate it as part of the new Communications Strategy 2025-27.



Website: <https://nhsggc.scot/GlasgowCityYHS>
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